

DR. JAY BERNHARDT AND DR. GEORGES BENJAMIN REMARKS

DR. BERNHARDT: Thank you, all. Thanks. Hearing the previous remarks, communication is obviously a topic that's on a lot of people's minds. Fortunately, it's next on our agenda. We heard you in planning, and I guess we set this up well, so it's a good segue. The topic Georges and I are going to speak to you about very briefly now is just to introduce our next topic on our agenda, which is the discussion we're going to engage in our next breakouts, which is improving communication.

And, taking a note from what George said earlier today, what we're interested in is improving two-way communication, that is, how well we at the CDC can communicate to and from and with our partners. But -- taking a note from George this morning, I also want to think broadly about the network of partners and how well we can effectively communicate with each other, not just today and when we can see each other face to face, but when we all go home and going forward and really creating what I like to call the network of networks or the matrix, you might say, of the public health community and how we might all connect and communicate more effectively with each other.

And with that, I'm going to turn it over to Georges and we're going to do a little back and forth here and share a few remarks with you on this topic to help introduce the breakout

session.

DR. BENJAMIN: Well, thank you. I just thought I would start by just showing a little data stolen from my colleagues at Research America. And I find this data fairly interesting. I'm always excited when I see that half of the American public thinks that preventable disease and injury are a major health problem.

But having been around George Hardy long enough, I've learned to be a cynic, and so I had to get that in. But my other problem is that when you see a graph like this -- you're really going to have to look at this kind of as a 50-50 type of thing, and you have to look at it more concerned about why the other half of the people that were polled did not think that prevention is as important as we do.

And that tells us a lot about our communication challenges because I do think we have a prevention communications problem. And it has to do about the fact about health burden being infinite and without focus. If you think about the fact that the public doesn't understand the ten leading causes of death, that's a big issue because every disease is important to somebody. But people really don't have any concept of health burden.

They're just not understood by a whole range of people. It's not just, my mother, your mother, our loved ones, but it's the policymakers who make policy and decide on resources every

day. The whole issue is the fact that prevention as an entity is complex and not linear. Act A doesn't necessarily end up in Act B, which doesn't necessarily end up in Act C. And that's a big issue for us.

The fact is also that there's no sense of scale. I remind myself of the person who is out on the lawn, gets a bad cut and they're bleeding, and they put a pressure dressing on it, and it's bleeding a little bit through the dressing. But their risk of bleeding to death is minimal. They're not going to bleed to death from the wound that they have, but they drive as fast as they could without their seat belt to the nearest hospital. No sense of risk. No sense of scale.

And that tells us that we really haven't done a great job in communicating risk to people so that they have some understanding of health-burden risk and risk and the many things that prevention or even health care have to offer them.

And then, of course, the whole issue about our message not being consistent and sometimes conflicting. Wine is good. Wine is not good. This kind of fat is good. This kind of fat is not good. The fact that we're in a 24-hour, seven day a week news cycle and now the public is, in effect, getting research which has been vetted by peer review in terms of publication but hasn't been vetted by the multiple publications that we used to have to really, really understand what something means over time.

Some of those messages are not poorly coordinated with CDC. Sometimes those messages are not coordinated with each other, and of course, that's a difficulty in doing that as well. I think those of you who've been out communicating messages have been on the split screen and both of you are saying the same thing, and yet people hear two entirely different messages. That's not necessarily a coordination issue, but that just talks about the challenge of having a coordinated message as we go forward.

And it's important that we improve our communications. We've talked about improving communication between us, as individual partners, and CDC. But it's also important that we talk about communicating between partners because there are huge opportunities for us to leverage our communication strategies, trying to work to very carefully to align our messages and then figuring out best ways to educate important stakeholders.

That includes the public because it's about time we begin talking directly to the American people and stop talking only to ourselves, educating policymakers so that they have a better understanding of what we do -- understand the business community. I know. I know. There are many people that feel that the business community is a group that we should be very careful in working with and communicating with.

But I still am a strong believer in the unexpected messenger, that the power of having the head of the local

utility company to come in and sit next to me and talk about the importance of having healthy communities is a much more powerful message. When I sit there in front of a committee, they know what I'm going to say. But when the head of the utility company or the head of a local business who's sitting there next to me, they ain't got a clue what that person is going to say, and that's a very, very powerful messenger, and we need to figure out how we can effectively engage those messengers.

And then, obviously, other health care delivery entities. All the ones who have suddenly discovered public health in the last few months -- we need to wrap our arms around them and figure out how we can work more effectively with helping them communicate their messages and integrating our messages into their messages and moving forward.

That means that we have to have collaboration all through the process, that we have to move from what we view as a lecture format to a discussion format. And anyone who's been around CDC long enough knows how historic this meeting has been. You're not going to leave herewith as much paper as we usually leave here with, and the dialogue clearly has been one of a dialogue and not a lecture format.

Early engagement of partners and clear transparency in decision-making.

DR. BERNHARDT: Thank you, Georges. So there's a lot to be gained for all of us by improving our communication, and I want

to share a little background with you about some of the things that we're trying to do and lay the foundation to do, and when we have our breakouts, we hope to get more great ideas from you on how to bring this forward.

We have great strengths and great challenges on how well we can engage, communicate and collaborate with our partners. One of our great strengths, of course, is long-standing and new partnerships on specific health issues, reflected by all of you in this room, reflected by the literally thousands of other partners with which CDC works and collaborates on a daily, weekly, and monthly basis.

The challenge we have is limited coordination and consistency across the agency. Many groups, in fact, work with different parts of CDC at different times. An agency as large as ours, as complex as us working on so many issues, we're doing everything we can to improve that, but we know that we have challenges there.

The other thing is that -- and in my time at CDC, I'm really proud of the fact how many times I hear about around the world where people talk about -- ask the question, "Well, what does CDC say about this issue?" CDC is often viewed as the very credible, most authoritative scientific word on so many issues, and we're looked to for that. And we know that we speak with great authority and take that trust very seriously. But we also know, as is reflected today and well beyond today, that

listening is equally important. We know we have as much to learn from all of you and from each other as we share.

So in terms of how we improve our partner communications, a big step is the result of what happened with the futures initiative, and that was the creation of our organization within CDC: The Coordinating Center for Health, Information, and Service; National Center for Health Marketing; and our Division for Partnerships and Strategic Alliances, which is a group designed specifically to improve, build on and strengthen partnership engagement.

As a student of marketing, advertising and communication, the best metaphor I can use is BASF. We don't create and manage all of CDC's partners. We make them better. That's our take on this, and what we do as part of CDC is we work throughout the agency horizontally integrated through the rest of the agency to help raise all the ships. We want CDC's engagement and collaboration with partners to be as good as it possibly can be for all of you and for us, and that's the point of our organization.

We are also creating a CDC Excellence and Partnership Council, which is a new entity, a new networked group within CDC that's going to allow bringing together a lot of the key people and experts on this topic from throughout the agency to help us improve how we do this. We're going to be reaching out to partners throughout this process as well to get your input

beyond just today.

I also want to announce and share with you, if you weren't familiar with it already, a new communication tool that we have recently created: our CDC partner portal, www.cdc.gov/partners. This is version 1.2 now, and it's on the way to get even better. So the ideas we hear from you today and future ideas you share with us to improve this -- we're definitely open to hear them. It's our hope that this will become a vibrant community of information exchange and not just places where we can post things that you can get, but ways that we can communicate with each other.

With that, I'm going to introduce the topic of our breakout, which is how can we improve our mutual communication. And as we depart from this room, when this is done, I have a few more slides of some housekeeping to share with you. This is the question we want you to consider, and as the director of the National Center for Health and Marketing, I want also to encourage you to be very specific. So when you're considering these issues in your groups and you say, "Well, we want to hear more from you and we want you to hear from us." Tell us the best way we can meet these needs for you. I can assure you that we are very eager to do that.